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[Polio and the Advent of Dependent Care in the U.S. Navy](#)

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By André B. Sobocinski, U.S. Navy Bureau of Medicine and Surgery historian

“No disease drew as much attention, or struck the same terror, as polio, and for good reason. Polio hit without warning. There was no way of telling who would get it and who would be spared. It killed some of its victims and marked others for life, leaving behind vivid reminders for all to see: Wheelchairs, crutches, leg braces, breathing devices, deformed limbs.”

~David Oshinsky, *Polio: An American Story*, 2005

In the spring of 1955, the State of Massachusetts was hit by one of the worst poliomyelitis (polio) epidemics in U.S. history. Over the spring and summer months, more than 3,500 men, women and children were stricken with the disease; 800 of them in Boston alone. Overburdened civilian hospitals pleading for help were assisted by [National Foundation for Infantile Paralysis](#) (“March of Dimes”), [Red Cross](#) and even the [Navy Medical Department](#). Throughout the summer, the Navy shipped 10 iron lungs to Boston-area hospitals and loaned out hospital corpsmen, nurses, orthopedic surgeons and occupational therapists to help care for victims and assist in their recovery. And, in an unprecedented move, the Naval Hospital Chelsea, Massachusetts, opened a special “polio ward” for military dependents.(1,2)



Surprising but true, until the mid-1950s, the [Navy Medical Department](#) care of spouses and children (aka, dependents) of military personnel was limited. In accordance to Public Law 51 – 78th Congress, Section 5 (1943), hospitalization and care of dependents of Navy and Marine Corps personnel was to be restricted to “acute medical and surgical conditions, exclusive of nervous, mental or contagious diseases.”(3) Dependents with contagious diseases like polio would be screened at naval facilities but sent elsewhere for care.

As [Rear Adm. Bartholomew Hogan](#), Navy surgeon general, wrote in an editorial dated December 28, 1955, “Until such time as the Congress amends this law or passes new legislation providing for the treatment of dependents with contagious diseases in military hospitals it is anticipated that the Navy’s present policy in this regard will continue in effect.”(4)

The polio ward at Naval Hospital Chelsea was an exception to existing policy that was as much the result of the force of public opinion as to the polio crisis. The polio epidemics of the 1940s and 1950s exposed an Achilles’ heel in Navy Medicine’s dependent care policy; but then again, polio was a force unlike any other.



Since the 1930s, the [National Foundation for Infantile Paralysis](#) led a highly-successful media campaign to bring attention to the disease. Images of crippled children, people imprisoned in torturous respiratory devices (“iron lungs”) haunted the minds of many a parent and child in the Baby-Boom era.(5) During the summer months (aka, the “polio season”), the disease could sweep through cities in epidemic form, and spread through mere contact with unwashed hands, contaminated water or food. In 1949, more than 42,000 cases were diagnosed in the United States; in 1952, more than 57,000 cases were reported. (6)



Hope was on the horizon thanks to a formalin-inactivated vaccine better known as the “Salk Polio Vaccine.” In what has been called the largest public health experiment in human history, more than 1.5 million school children across 211 U.S. counties and 44 states were vaccinated with Dr. Jonas Salk’s miracle cure in 1954. (7) The very next year, field trial moderators had proclaimed the vaccine to be a resounding success. Salk was feted as an American hero and overnight achieved fame few medical researchers could ever attain.

This realized cure led to the [Department of Defense’s](#) (DOD) first policy on the procurement, distribution and administration of the vaccine in military facilities. In an unprecedented move in the history of dependents’ care, DOD allocated the Salk Vaccine not only for all dependents of uniformed service personnel but also dependents of civilian employees of the Army, Navy and Air Force as well.(8)

Under this policy, from July 1955 to June 1956, Navy medical facilities administered vaccines to 246, 927 military dependents.(9) By 1957, 40 percent of all active duty and 66 percent of all Navy and Marine Corps dependents were vaccinated against polio. The incidence of polio in the Navy and Marine Corps dropped from 187 cases (19.4 incidence rate) in 1954 to a mere 19 cases in 1957 (2.1 incidence rate) in 1957.(10) Nation-wide, the Salk vaccine would come close to annihilating polio. The 15,000 diagnosed cases in 1956 dropped down to 7,000 in 1957 and half that in 1958. (11)

The progress of the polio vaccination program was echoed throughout DOD. On June 7, 1956, [President Dwight Eisenhower](#) signed the Dependents’ Care Act, a law that finally guaranteed all military dependents the right to medical care—regardless of condition—in all of its facilities.

Endnotes:

- (1) Phillips, J.R. to RADM Bruce E. Bradley, October 21, 1955, M3-1/1 1ND46. BUMED Correspondence, RG 52. NARA.
- (2) Burns, Frances. The Polio Years We Won't Forget: Heroes and Heroines in Hospital Wards. The Boston Globe; Dec. 7, 1955; pg 22.
- (3) Hogan, Bart to Editor, ANAF Journal, December 28, 1955, M3-1/Polio. BUMED Correspondence, RG 52, NARA.
- (4) Ibid
- (5) A contagious enteric virus, polio is spread from contact with fecal waste. Unwashed hands, contaminated water and food were the tools of the transmittal. When it entered the mouth the microbes travelled down the digestive system into the small intestines; it would invade the brain stem (bulbar) and central nervous system through the blood stream and feast on motor neurons leading to irreversible paralysis and death in some victims. (Oshinsky, David. *Polio: An American Story*, 2005. Oxford University Press: New York, 2006. p9).
- (6) Oshinsky, David, p128 and p161. It is believed that the increase polio numbers was partly due to a combination of better diagnostics and a larger post-war populace.
- (7) Oshinsky, p187
- (8) Department of Defense Instruction, 6220.1, August 22, 1955, "Procurement, Distribution and Administration of the Salk Vaccine."
- (9) *Statistics of the Navy Medical Department*, May 1956, Volume 12, No. 5. Washington, DC: GPO. 1956./ *Statistics of the Navy Medical Department*, September 1956, Vol. Vol. 12, No. 9. Washington, DC: GPO 1956.
- (10) "Poliomyelitis." *Annual Report of the Surgeon General, U.S. to the Secretary of the Navy Relative to Statistics of Diseases and Injuries in the United States Navy for the Calendar Year 1958*. Washington, DC: Government Printing Office, p6.
- (11) Oshinsky, p255

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